Print Candidate Name:	Kate Mina				_	
Candidate's Signature	atim:	_ Date: _	16	121	1608	

Elections Division Department of State

Department of State
1700 Broadway, Ste. 200
Denver, CO 80290
Ph: (303) 894-2200 ext. 6383
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# **CONDITIONALLY ACCEPTED**Space Below For Office Use Only

OCT 12 2021

#### THORNTON CITY CLERK

### REPORT OF CONTRIBUTIONS AND EXPENDITURES

	(C.R.S. 1-45-108)			
Full Name of Committee/Person:	Citizens for Kate Miya  As Shown on Registration			
Address of Committee/Person: 13376 Cherry Court				
City, State & Zip Code:	Thornton, CO 80241			
	Political			
Committee Type:  Name and Address of Financial Institution:	Bank of the West, 12080 Colorad	do Blyd. Thornton	1. CO 80241	
Name and Address of Financial Institution.	Dank of the West, 12000 Colora	ao Biria, Titorinos	,, , , , , , , , , , , , , , , , , , , ,	
SOS ID NUMBER (state and cou	nty committees ONLY):		N/A	
October 29, 2021 (F	POPLY  n Reports MUST have a Monetary Balance of 2  1/27/21  date	21 Municipal Elec	ction)	
		-	Totals Detailed Summary Page	
1 Funds on Hand at Beginning of Reportin	g Period (monetary only)		\$0.00	
2 Total Monetary Contributions (line 11)			\$13,894.63 \$13,894.63	
3 Total of Monetary Contributions & Begi	nning Amount (line 1+ line 2)		\$8,992.90	
4 Total Monetary Expenditures (line 19) 5 Funds on Hand at End of Reporting Peri	iod (monetary) (line 3 - line 4)		\$4,901.73	
The appropriate officer shall impose	e a penalty of \$50 per day for each [Art. XXVIII Sect. 10 (2) (a)] e Registered Agent OR the Candidate	) I hearby certify ar	is filed late.  Ind declare, under penalty of perjury,	
that to the best of my knowledge or belief all co- form of membership dues transferred by a member	ntributions received during this report bership organization, are from permiss	sible sources.	ig any contributions received in the	
Print Registered Agent's (Treasurer's) Name:				
Registered Agent's (Treasurer's) Signature:  Date:				
Print Candidate Name:				
Candidate's Signature:		Date	:	

#### **DETAILED SUMMARY**

Full Na	ame of Committee/Person: Citizens for Kate Miya	
Currei	nt Reporting Period: 1/27/21 Through	10/7/21
Funds	on hand at the beginning of reporting period (Monetary Only):	
6	Itemized Contributions \$20 or More [CRS 1-45-108(1)(a)] (Please list on Schedule "A")	\$13,894.63
7	Total of Non-Itemized Contributions (Contributions of \$19.99 and Less)	
8	Loans Received (Please list on Schedule "C")	\$0.00
9	Total of Other Receipts (Interest, Dividends, etc.)	
10	Returned Expenditures (from recipient) (Please list on Schedule "D")	\$0.00
11	Total Monetary Contributions (Total of lines 6 through 10)	\$13,894.63
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$206.00
13	Total Contributions (Line 11 + line 12)	\$14,100.63
14	Itemized Expenditures \$20 or More [CRS 1-45-108(1)(a)] (Please list on Schedule "B")	\$8,992.90
15	Total of Non-Itemized Expenditures (Expenditures of \$19.99 and less)	
16	Loan Repayments Made (Please list on Schedule "C")	\$0.00
17	Returned Contributions (To Donor) (Please list on Schedule "D")	\$0.00
18	Total Coordinated Non-Monetary Expenditures (Candidate/Candidate Committee & Political Parties only)	
19	Total Monetary Expenditures (Total of lines 14 through 17)	\$8,992.90
20	Total Monetary Expenditures (Line 18 + Line 19)	\$8.992.90

#### Schedule A - Itemized Contributions Statement (\$20 or more)

[C.R.S. 1-45-108 (1) (a)]

Full Name of Committee/Person: Citizens for Kate Miya Through | 10/7/21 1/27/21 Reporting Period Covered: WARNING: Please read the instruction page for Schedule "A" before completing! 13,894.63 Total Itemized Contributions: \$ See attached PLEASE PRINT/TYPE 4 Name (Last, First): 1 Date Accepted 5 Address: 6 City/State/Zip: 2 Contribution Amount 7 Description 8 Employer (if applicable, mandatory): 3 Aggregate Amount\* 9 Occupation (if applicable, mandatory): 4 Name (Last, First): 1 Date Accepted 5 Address: 6 City/State/Zip: 2 Contribution Amount 7 Description 8 Employer (if applicable, mandatory): 3 Aggregate Amount\* 9 Occupation (if applicable, mandatory): 4 Name (Last, First): \_\_\_\_\_ 1 Date Accepted 5 Address: 2 Contribution Amount 6 City/State/Zip: 7 Description 8 Employer (if applicable, mandatory): Aggregate Amount\* 9 Occupation (if applicable, mandatory): 4 Name (Last, First): 1 Date Accepted 5 Address: 2 Contribution Amount 6 City/State/Zip: 7 Description 8 Employer (if applicable, mandatory): 3 Aggregate Amount\*

\$

\$

\$

9 Occupation (if applicable, mandatory):

<sup>\*</sup> For contribution limits within a committee's election cycle or contribution cycle, please refer to the following Colorado Constitutional cites: Candidate Committee Art. XXVIII, Sec. 2(6); Political Party Art. XXVIII, Sec. 3(3); Political Committee Art. XXVIII, Sec 3(5); Small Donor Committee Art. XXVIII, Sec. 2(14).

# Schedule B - Itemized Expenditures Statement (\$20 or more) [C.R.S. 1-45-108-(1) (a)]

Full Name of Committe	e/Person: Citizens for Ka	ite Miya	_
	Reporting Period Covered:	1/27/21 Through	10/7/21 date
		Total Itemized Expenditures:	8,992.90
PLEASE PRINT/TYPE	see attached		
1 <u>Date Expended</u>	4 Name (Last, First):		
2 Amount	5 Address:		_
\$	6 City/State/Zip:		
3 Recipient is (optional):			
Committee	7 Purpose of Expenditure:		
Non-Committee	<u></u>		
1 Date Expended	4 Name (Last, First):		
2 Amount	5 Address:		
\$	6 City/State/Zip:		
3 Recipient is (optional):			
Committee	7 Purpose of Expenditure:		
Non-Committee			
1 Date Expended	4 Name (Last, First):		
2 Amount	5 Address:		
\$	6 City/State/Zip:		
3 Recipient is (optional):			
Committee	7 Purpose of Expenditure:		
Non-Committee			
1 <u>Date Expended</u>	4 Name (Last, First):		
2 Amount	5 Address:		
\$	6 City/State/Zip:		
3 Recipient is (optional):			
Committee	7 Purpose of Expenditure:		
Non-Committee	*		

#### Schedule C - Loans

Full Name of Committee/Person:	Citizens for Kate Miya		
Reporting	Period Covered:	1/27/21 Three	ough 10/7/21 date
	LOANS - Loans Owed by	v the Committee	
[No information copied from such report	y other section of this article to the	on for the purpose of soliciting contrary, a candidate's candidate susual and customary interest rate.	ontributions or for any commercial e committee may receive a loan from a financial te, is made on a basis that
LOAN SOURCE			
Name (Last, First or Institution):			
Address:			
City/State/Zip:			
Original Amount of Loan: \$		Inte	erest Rate:%
		Total of All Loan	s This Reporting
		Period:	\$0.00
		(Place of	n line 8 of Detailed Summary Report)
Loan Amount Received This Reporting Pe	eriod:		
Principal Amount Paid This Reporting Per	riod:	ist.	
Interest Amount Paid This Reporting Period	od:		
Amount Repaid This Reporting Period: (Amount Repaid is sum of Principal & Interest enter	\$0.00 ed on Detail Summary)	Total Repayment (Sum of Schedule	ts Made: \$0.00 C pages, Place on line 16 of Detailed Summary)
Outstanding Balance:			
TERMS OF LOAN:	Date Loan Receive	ed .	Due Date for Final Payment
LIST AL	L ENDORSERS OR GU	ARANTORS OF THE	IS LOAN
Full Name	Add	ress, City, St., Zip	Amount Guaranteed
		<del>-</del>	

# Schedule D – Returned Expenditures & Contributions

Fu	ll Name of Commit	tee/Person: Citizens for Kate Miya				
		Reporting Period Covered: 1/27/21 Through 10/7/21  date date  Total Returned Contributions: \$ -				
		Total Returned Expenditures: \$ -				
		Returned Contributions				
	(Pr	eviously reported on Schedule $A$ – Contributions accepted and then returned to donors)				
PL	EASE PRINT/TYPE					
1	Date Accepted	4 Name (Last, First):				
2	Date Returned	5 Address:				
	0 = = = = = = = = = = = = = = = = = = =	6 City/State/Zip:				
3	Amount	7 Purpose:				
\$						
1	Date Accepted					
1000	<u>Date recepted</u>	4 Name (Last, First):				
2	Date Returned	5 Address:				
		6 City/State/Zip:				
3	Amount	7 Purpose:				
\$						
	_	Returned Expenditures				
	(Previously reported on Schedule $B-$ Expenditures returned or refunded to the committee)					
PL	EASE PRINT/TYPE					
1	Date Expended	4 Name (Last, First):				
_	Data Datum - 1	5 Address:				
2	Date Returned	6 City/State/Zip:				
_	Amount	7 Comment (optional):				
\$	Amount	/ Comment (optional).				
To To						
_						
1	Date Expended	4 Name (Last, First):				
	Date Returned	5 Address:				
2	Date Neturneu	6 City/State/Zip:				
~	Amount	7 Comment (optional):				
\$	Amount	/ Comment (optional).				
1º						

#### **DETAILED SUMMARY**

Full Name of Committee/Person: Citizens for Kate Miya				
C.	t Reporting Period: 1/27/21 Through	10/7/21		
Curren	t Reporting Period: 1/27/21 Through	10/7/21		
Funds	on hand at the beginning of reporting period (Monetary Only):			
6	Itemized Contributions \$20 or More [CRS 1-45-108(1)(a)] (Please list on Schedule "A")	\$13,894.63		
7	Total of Non-Itemized Contributions (Contributions of \$19.99 and Less)			
8	Loans Received (Please list on Schedule "C")	\$0.00		
9	Total of Other Receipts (Interest, Dividends, etc.)			
10	Returned Expenditures (from recipient) (Please list on Schedule "D")	\$0.00		
11	Total Monetary Contributions (Total of lines 6 through 10)	\$13,894.63		
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$206.00		
13	Total Contributions (Line 11 + line 12)	\$14,100.63		
14	Itemized Expenditures \$20 or More [CRS 1-45-108(1)(a)] (Please list on Schedule "B")	\$8,992.90		
15	Total of Non-Itemized Expenditures (Expenditures of \$19.99 and less)			
16	Loan Repayments Made (Please list on Schedule "C")	\$0.00		
17	Returned Contributions (To Donor) (Please list on Schedule "D")	\$0.00		
18	Total Coordinated Non-Monetary Expenditures (Candidate/Candidate Committee & Political Parties only)			
19	Total Monetary Expenditures (Total of lines 14 through 17)	\$8,992.90		
20	Total Monetary Expenditures (Line 18 + Line 19)	\$8,992.90		

Elections Division
Department of State
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## REPORT OF CONTRIBUTIONS AND EXPENDITURES

(C R S. 1-45-108)

	(C.R.S. 1-45-108)			
Full Name of Committee/Person:	Citizens for Kate Miya As Shown on Registration			
Address of Committee/Person: 13376 Cherry Court				
TI				
City, State & Zip Code:				
Committee Type:	Political		00.00041	
Name and Address of Financial Institution:	Bank of the West, 12080 Colorad	do Blvd, Thornton	n, CO 80241	
SOS ID NUMBER (state and county committees ONLY):  N/A				
Type of Report:  Regularly Scheduled Filing.  October 12, 2021 (21 days prior to the November 2, 2021 Municipal Election)  October 29, 2021 (Friday prior to the November 2, 2021 Municipal Election)  December 2, 2021 (30 days after the November 2, 2021 Municipal Election)  Annual - candidates from prior election held on  Amended Filing. This amends previous report filed on (date)  Submit changes or new information ONLY  Termination Report (Termination Reports MUST have a Monetary Balance of Zero in Line 5)  Reporting Period Covered:  1/27/21 Through  date  Declared Total Spending (if applicable): [Art.  XXVIII, Sect. 4 (1)]				
1 Funds on Hand at Beginning of Reporti	ng Period (monetary only)		\$0.00	
2 Total Monetary Contributions (line 11)			\$13,894.63	
3 Total of Monetary Contributions & Beg	ginning Amount (line 1+ line 2)		\$13,894.63	
4 Total Monetary Expenditures (line 19)			\$8,992.90 \$4,901.73	
5 Funds on Hand at End of Reporting Pe	riod (monetary) (line 3 - line 4)		\$4,901.73	
<b>Authorization</b> (Must be completed by either that to the best of my knowledge or belief all completes form of membership dues transferred by a men	ontributions received during this repornibership organization, are from permis	e) I hearby certify a ting period, including sible sources.	nd declare, under penalty of perjury, ng any contributions received in the	
Print Registered Agent's (Treasurer's) Name:				
Registered Agent's (Treasurer's) Signature:Date:				
Print Candidate Name:				
Candidate's Signature:		Date	X	

#### Schedule A - Itemized Contributions Statement (\$20 or more)

[C.R.S. 1-45-108 (1) (a)]

Full Name of Committee/Person: Citizens for Kate Miya Reporting Period Covered: Through 10/7/21 1/27/21 date WARNING: Please read the instruction page for Schedule "A" before completing! Total Itemized Contributions: \$ 13,894.63 PLEASE PRINT/TYPE See attached 1 Date Accepted 4 Name (Last, First): 5 Address: 6 City/State/Zip: 2 Contribution Amount 7 Description 8 Employer (if applicable, <u>mandatory</u>): 3 Aggregate Amount\* 9 Occupation (if applicable, mandatory): \$ 1 Date Accepted 4 Name (Last, First): 5 Address: 6 City/State/Zip: 2 Contribution Amount 7 Description 8 Employer (if applicable, mandatory): 3 Aggregate Amount\* 9 Occupation (if applicable, mandatory): \$ 1 Date Accepted 4 Name (Last, First): 5 Address: 6 City/State/Zip: 2 Contribution Amount 7 Description 8 Employer (if applicable, <u>mandatory</u>): 3 Aggregate Amount\* 9 Occupation (if applicable, mandatory): 4 Name (Last, First): 1 Date Accepted 5 Address: 6 City/State/Zip: 2 Contribution Amount 7 Description 8 Employer (if applicable, mandatory): Aggregate Amount\* 9 Occupation (if applicable, mandatory):

<sup>\*</sup> For contribution limits within a committee's election cycle or contribution cycle, please refer to the following Colorado Constitutional cites: Candidate Committee Art. XXVIII, Sec. 2(6); Political Party Art. XXVIII, Sec. 3(3); Political Committee Art. XXVIII, Sec. 3(5); Small Donor Committee Art. XXVIII, Sec. 2(14).

# Schedule B - Itemized Expenditures Statement (\$20 or more) [C.R.S. 1-45-108-(1) (a)]

Full Name of Committee	e/Person: Citizens for K	ate Miya	
	Reporting Period Covered:	1/27/21 Through date  Total Itemized Expenditures	date
PLEASE PRINT/TYPE	see attached		
1 Date Expended 2 Amount			
\$ Recipient is (optional):			
Committee  Non-Committee	7 Purpose of Expenditure:		
1 <u>Date Expended</u>			
2 Amount \$			
3 Recipient is (optional):  Committee  Non-Committee	7 Purpose of Expenditure:		
1 Date Expended	4 Name (Last, First):		
2 Amount \$	5 Address:		
3 Recipient is (optional):  Committee  Non-Committee	7 Purpose of Expenditure:		
1 Date Expended	4 Name (Last, First):		
2 Amount \$ 2 Recipient is (ontional):	6 6: 10: 17:		
3 Recipient is (optional):  Committee  Non-Committee	7 Purpose of Expenditure:		

#### Schedule C - Loans

Full Name of Committee/Person:	Citizens for Kate Miya	1			
Reporting	Period Covered:	1/27/21 date	Through	10/7/21 date	
	LOANS - Loans O	wed by the Committee			
(Use a separate schedul [No information copied from such report purpose. [Art. XXVIII, Sec. 9(e)] Notwithstanding an institution organized under stat assures repayment, is evidenced by a	y other section of this article	person for the purpose of to the contrary, a candidate ars the usual and customar	soliciting contribution e's candidate committe v interest rate, is made	is or for any commercial we may receive a loan from a financial on a basis that	
LOAN SOURCE					
Name (Last, First or Institution):					
Address:					
City/State/Zip:					
Original Amount of Loan: \$\$			Interest Rat	e:%	
		Total of	All Loans This I	Reporting	
		Period:		\$0.00	
			(Place on line 8 of	Detailed Summary Report)	
Loan Amount Received This Reporting Pe	eriod:				
Principal Amount Paid This Reporting Pe	riod:				
Interest Amount Paid This Reporting Peri	od:				
Amount Repaid This Reporting Period: \$0.00 Total Repayments Mac (Amount Repaid is sum of Principal & Interest entered on Detail Summary) (Sum of Schedule C pages			epayments Made of Schedule C pages, I	\$0.00 Place on line 16 of Detailed Summary)	
Outstanding Balance:	Y				
TERMS OF LOAN:	Date Loan F	Received		Due Date for Final Payment	
LIST AL	L ENDORSERS OI	R GUARANTORS	OF THIS LO	<u>an</u>	
Full Name		Address, City, St.	, Zip	Amount Guaranteed	
2 444 2 (444		· · · · · · · · · · · · · · · · · · ·			
			(6)		

## Schedule D – Returned Expenditures & Contributions

Full Name of Commit	tee/Person: Citizens for Kate Miya			
	Reporting Period	Total Returned Contributions: \$ -		
		Total Returned Expenditures: \$ -		
	Returned (	Contributions		
(Pr		ibutions accepted and then returned to donors)		
PLEASE PRINT/TYPE	eriously reported on sonedate it			
1 Date Accepted	4 Name (Last, First):			
2 <u>Date Returned</u>	5 Address: 6 City/State/Zip:			
3 Amount	7 Purpose:			
\$	:			
1 Date Accepted	4 Name (Last, First):	a		
2 <u>Date Returned</u>	5 Address:  6 City/State/Zip:			
3 Amount	7 Purpose:			
\$				
Returned Expenditures  (Previously reported on Schedule B – Expenditures returned or refunded to the committee)  PLEASE PRINT/TYPE				
1 <u>Date Expended</u>	4 Name (Last, First):			
2 <u>Date Returned</u>	5 Address: 6 City/State/Zip:			
3 Amount	7 Comment (optional):			
\$	-			
Date Expended     Date Returned	4 Name (Last, First): 5 Address:			
	6 City/State/Zip:			
3 Amount \$	7 Comment (optional):			

### Statement of Non-Monetary Contributions

[Art. XXVIII, Sect. 2, (5) (a) (II) (III), Sect. 5, (3)] [C.R.S. 1-45-108 (1)]

Full Name of Committee/Person: Citizens for Kate Miya					
Repor	ting Period Covered:	1/27/21	Through [	10/7/21	
		date Total	Itemized Expenditures:	date	\$206.00
PLEASE PRINT/TYPE		Total	Itemizeu Expenditures.		φ200.00
1 Date Provided	4 Name (Last, First): Atk	ins, Corev			
6/30/21		11 W 101st Ave			
2 Fair Market Value		estminster CO 800	21		
\$6.00		tled water			
\$0.00	8 Employer (if applicable		Federal government		
2 Assessed Amount	9 Occupation (if applicab		Agriculture fleet		
3 Aggregate Amount \$106.00			ndidate/Candidate Committee	or Political Party.*	
\$100.00 TO CHECK BOX II COOldinated with a Canadadate Sabatadate Commission					
1 Date Provided	4 Name (Last, First): Mix	va. Arnold			
6/30/21		376 Cherry Ct			-
2 Fair Market Value		ornton, CO 80241			
\$15.00	7 Description: sod				
\$15.00	8 Employer (if applicable		retired		
3 Aggregate Amount	9 Occupation (if applicab		retired		
\$365.00			ndidate/Candidate Committee	e or Political Party.*	
\$303.00	10 CHECK BOX II COC	Idilated With a Sa			
1 Date Provided	4 Name (Last, First): Joh	inston, Tina			
6/30/21		781 Ivanhoe st			
2 Fair Market Value	· · · · · · · · · · · · · · · · · · ·	ornton CO 80602			
\$60.00		acks for event			-
400.00	8 Employer (if applicable	e, mandatory):			
3 Aggregate Amount	9 Occupation (if applicat				
\$60.00			andidate/Candidate Committee	e or Political Party.*	
1 Date Provided	4 Name (Last, First): Bo	nnitt, Dawn			
6/30/21		46 S Zephyr Ct			
2 Fair Market Value	6 City/State/Zip: Lit	tleton, CO 80123			
\$25.00	7 Description: Fru	uit and veggie tray	S		
	8 Employer (if applicable	e, mandatory):			
3 Aggregate Amount	9 Occupation (if applical				
\$25.00	10 Check box if Coo	ordinated with a Ca	andidate/Candidate Committe	e or Political Party.*	
1 Date Provided	4 Name (Last, First): Ni	zam, Sam			
9/16/21		60 Summit Grove	Parkway		
2 Fair Market Value	6 City/State/Zip: Th	ornton CO 80241			
\$100.00	7 Description: car	r magnets			
	8 Employer (if applicable	e, mandatory):	Grove liquor		
3 Aggregate Amount	9 Occupation (if applical		Manager		
\$200.00	10 Check box if Coo	ordinated with a C	andidate/Candidate Committe	e or Political Party.*	

<sup>\*</sup> Note: If coordinated, then contribution must also be reported as a non-monetary expenditure on Detailed Summary. Art. XXVIII, Sec. 2(9) states: "... Expenditures that are controlled by or coordinated with a candidate or candidate's agent are deemed to be both contributions by the maker of the expenditures, and expenditures by the candidate committee."